

FILED OCT 31 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

349881

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 603

1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Butler			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Rural		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lucy Lee, Hosp		Length of stay in 2 Wks		d. STREET ADDRESS (If outside, give location) 4 Mi S.E. of Fisk		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Thomas Middle Franklin Last Mattingly				4. DATE OF DEATH Month 10 Day 20 Year 57			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 11-18-1883	
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Princeton, Ind		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME James Mattingly				14. MOTHER'S MAIDEN NAME Malinda Boyd			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No--		16. SOCIAL SECURITY NO. -----		17. INFORMANT Address Florence Mattingly, Fisk, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 331X						INTERVAL BETWEEN ONSET AND DEATH 10 days	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from October 10, 1957 to October 20, 1957 and last saw him ^{her} alive on 10-20-57 Death occurred at 5:20 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Type or print) J. W. McPheeters, M. D.				22b. ADDRESS Poplar Bluff, Missouri		22c. DATE SIGNED 10-22-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-22-57		23c. NAME OF CEMETERY OR CREMATORY Shain Memorial		23d. LOCATION (City, town, or county) (State) Butler, Co. Mo.	
24. FUNERAL DIRECTOR J. C. White		ADDRESS Fisk, Mo.		25. DATE RECD. BY LOCAL REG. 10/23/57		26. REGISTRAR'S SIGNATURE B. H. Muehler	

(Licensed Embalmer's Statement on Reverse Side)

NOV 26 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by _____, Student Embalmer No. _____
working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Raymond L. Ruffie
Licensed Embalmer No. 47

P. O. Address Berme

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to Comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so-stated above.